



VOLUNTARY PRE-TAX CONTRIBUTION TO ANNUITY SAVINGS ACCOUNT (IRREVOCABLE)

State Form 52595 (R5 / 6-14)
Approved by State Board of Accounts, 2014

INDIANA PUBLIC RETIREMENT SYSTEM
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (PERF-Toll-free)
(888) 286-3544 (TRF-Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

MEMBER FUND (Choose one)

PERF Hybrid or ASA Only

Teachers' Retirement Fund

INSTRUCTIONS

1. Type or print using black ink. Complete all requested information.
2. This form is for voluntary pre-tax Annuity Savings Account (ASA) contributions and is an **irrevocable** authorization for payroll deduction.
3. The member must complete, sign, and date the MEMBER INFORMATION and PAYROLL DEDUCTION ELECTION sections of this form. The member then sends the form to the Indiana Public Retirement System (INPRS) at the address shown above.
4. INPRS completes the INPRS VERIFICATION section of this form. If the employer or the member is ineligible, the member is notified by INPRS at this time.
5. If the member and employer meet eligibility and participation requirements, INPRS will process the election and forward a copy of this form to the member's employer for processing.
6. Any combination of pre- and post-tax voluntary contributions may not exceed 10 percent of the member's salary.
7. If you have any changes to the information on this form such as name or address, contact Customer Service at the telephone number shown on the form. Hours of operation are 8 a.m. to 8 p.m., EST, Monday through Friday. Address changes may be made by accessing your member account at www.inprs.in.gov.

GENERAL INFORMATION

Pursuant to 35 IAC 19-1-1 for TRF and 35 IAC 11-1-1 for PERF, the following are the rules regarding the *Elective Payroll Deductions for Additional Contributions*.

- (a) The purpose of these rules is to provide a pickup of member contributions by participating employers under Section 414(h)(2) of the Internal Revenue Code of 1986 for additional employee contributions made to the member's annuity savings account under IC 5-10.2-3-2(c) and IC 5-10.2-3-2(d). Employers may elect to participate in the pickup of additional employee contributions by a resolution adopting the provisions of this rule.
- (b) A member in active covered employment (with an electing employer) who elects to make contributions to the member's annuity savings account in addition to the contributions required under IC 5-10.2-3-2(b) may do so through a binding, irrevocable payroll deduction authorization.
- (c) A member in active covered employment, having executed a binding, irrevocable payroll deduction authorization with respect to any such additional contributions, shall not be entitled to any option of choosing to receive the contributed amounts directly instead of having them paid by the employer to the board of trustees of the INPRS (board). Such contributions shall be remitted to the fund in the same manner as all other contributions and shall be credited to the member's annuity savings account. The salary the employer will use to calculate such contributions will be the same as the salary the employer reports to the board for purposes of determining a member's mandatory contribution and benefit calculation. Such contributions, although designated as employee contributions, will be paid by the employer in lieu of contributions by the employee. The contributions so assumed shall be treated as tax-deferred employer pickup contributions pursuant to Section 414(h)(2) of the Internal Revenue Code of 1986, subject to a favorable letter ruling by the Internal Revenue Service.
- (d) A member in active covered employment may elect to pay all or part of any additional contribution through payroll deduction. This election is available for two (2) years beginning on the September 1 following the plan year in which the employee completes five (5) years of creditable service and ending on the August 31 of the second calendar year following the opening of the election period. The amounts to be deducted and the duration of the deduction shall be specified on the authorization form prescribed by the board, and the amounts and duration shall be irrevocable and binding once made. Prepayment of amounts covered by the authorization is not permitted. However, nothing herein shall prevent a member from paying any amounts not covered by the authorization with after-tax dollars up to the statutory maximum. The investment of the additional contributions shall be made in the same manner and percentage as the investment of the member's mandatory contributions.
- (e) If a member terminates and then returns to covered employment with a different employer, when the member has five (5) or more years of creditable service credited or re-credited under Indiana statutes, the member shall be entitled to execute a new binding irrevocable payroll deduction authorization within a two (2) year election period beginning on the September 1 following the plan year in which the employee completes or is re-credited with five (5) years of creditable service and ending on the August 31 of the second calendar year following the opening of the election period. If a member terminates and then returns to covered employment with the same employer, the member's binding irrevocable payroll deduction authorization (if any) shall be immediately effective upon rehire.

GENERAL INFORMATION (Continued)

- (f) No payroll deduction shall begin unless and until the active member executes the payroll deduction authorization on a form prescribed by the board, which must be received within the election period defined in subsection (d). The board will send such form to the treasurer or other disbursing officer of the employer. After receiving the binding, irrevocable payroll deduction authorization, the treasurer or other disbursing officer of each employer shall add such contributions to the contributions deducted from the member's regular compensation each pay day. The employer shall treat these deductions as picked up contributions.
- (g) All such payroll deductions, including the amounts and the duration specified, shall be binding and irrevocable upon the member's execution of the prescribed form. A member may execute and submit the payroll deduction authorization with the election period defined in subsection (d), effective as of the next possible payroll date within the election period. Notwithstanding the above, such deductions will cease only after the authorization has expired by its terms or upon any of the following events:
- (1) The member's death.
 - (2) The termination of the member's employment. Distribution of the additional contributions shall be made in the same manner as distributions from the member's annuity savings account. In no event shall the member receive a return of the payroll deductions made hereunder except pursuant to the normal disbursement procedures of IC 5-10.2 et seq.

MEMBER AUTHORIZATION

Member Information

Member's name		Social Security number*	Pension ID (PID) number
Address	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address
Public Employees' Retirement Fund (PERF) service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active: <input type="checkbox"/> Yes <input type="checkbox"/> No; number of years:	
Teachers' Retirement Fund (TRF) service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active: <input type="checkbox"/> Yes <input type="checkbox"/> No; number of years:	

Payroll Deduction Election

I hereby direct my employer to make the following pre-tax deduction from my salary per pay period for the purpose of making additional contributions to my ASA and to remit these deductions to INPRS. **I certify that the total of my pre-tax and post-tax voluntary contributions do not exceed 10 percent of my salary per pay period.** I understand that once this authorization is processed, beginning with the pay period immediately after the employer receives this authorization form, my pre-tax deduction cannot be changed or canceled, so long as I am employed with this employer and continuing until I terminate employment, retire, or die.

Select **only one**: 1% 2% 3% 4% 5% 6% 7% 8% 9% 10%

Member's signature _____ Date (mm/dd/yyyy)

INPRS VERIFICATION

In order to complete this application, the member must send this form completed, signed, and dated to INPRS. INPRS completes this section of the form and forwards to the member's employer.

Employer participation Eligibility service Eligibility window begins (mm/dd/yyyy)

Approved for payroll deduction (check one) Yes No Eligibility expires (mm/dd/yyyy)

If not approved for payroll deduction, provide the reason.

INPRS associate's name _____ Date (mm/dd/yyyy)

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5. If the member and employer meet eligibility and participation requirements, INPRS will process the election and forward a copy of this form to the member's employer for processing.
6. Any combination of pre- and post-tax voluntary contributions may not exceed 10 percent of the member's salary.
7. If you have any changes to the information on this form such as name or address, contact Customer Service at the telephone number shown on the form. Hours of operation are 8 a.m. to 8 p.m., EST, Monday through Friday. Address changes may be made by accessing your member account at www.inprs.in.gov.

Entry field	Field description
MEMBER FUND	
Fund name	Select appropriate fund.
MEMBER AUTHORIZATION Member Information Section	
Member's name	Enter the complete name of the member.
Social Security number	Enter the nine-digit Social Security number of the member.
Pension identification (PID) number	Enter the member's nine-digit pension identification number.
Address	Enter the street and/or mailing address of the member.
Telephone Number with area code	Enter the primary telephone number, including area code, for the member.
Other telephone number with area code	Enter the secondary telephone number, including area code, for the member.
City	Enter the city for the member's address.
State	Enter the state for the member's address.
Zip Code	Enter the zip code for the member's address.
E-mail address	Enter the member's e-mail address, if applicable.
PERF service?	Select Yes or No . If Yes , complete the Active section.
Active:	If answer to PERF service was Yes , select Yes or No . If Yes , enter the number of years of service.
TRF service?	Select Yes or No . If Yes , complete the Active section.
Active:	If answer to TRF service was Yes , select Yes or No . If Yes , enter the number of years of service.
Payroll Deduction Election Section	
This section must be completed by the member. The member attests to everything stated in the direction statement in this section of the form.	
Select only one	Check one of the options for the additional percentage to be contributed
Member's signature	The member must sign this form.
Date	The signature of the member must be dated; format = mm/dd/yyyy.
INPRS VERIFICATION	
This section is completed by INPRS and indicates the eligibility of the member and the employer according to INPRS employer and member records.	
Employer participation	The INPRS associate checks this checkbox if the employer is a participant in the voluntary pre-tax contribution initiative.
Eligibility service	The INPRS associate checks this checkbox if the member meets the eligibility of service parameters outlined in the legislation.
Eligibility window begins	The INPRS associate enters the date the member's eligibility to designate the voluntary pre-tax contribution amount begins; format = mm/dd/yyyy.
Approved for payroll deduction	The INPRS associate selects either Yes or No .
Eligibility expires	The INPRS associate enters the date the member's eligibility to designate the voluntary pre-tax contribution amount expires; format = mm/dd/yyyy.
If not approved for payroll deduction, provide the reason.	The INPRS associate enters the reason the member was not approved for payroll deduction.
INPRS associate's name	The INPRS associate processing the form enters their name here.
Date	The INPRS associate enters the date the form was processed; format = mm/dd/yyyy.